

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/523595**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8		7		1		
9		8		1		
10		9		1		
11		10		1		
12		11		1		
13		12		1		
14		13		1		
15	1		1			
16		1		1		
17		2		1		
18		3		1		
19		4		1		
20		5		1		
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30		15		1		
31		16		1		
32		17		1		
33		18		1		
34		19		1		
35		20		1		
36		21		1		
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41		26		1		
42		27		1		
43		28		1		
44		29		1		
45		30		1		
46		31		1		
47		32		1		
48		33		1		
49		34		1		
50		35		1		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	37	←	35	←		←
TOTAL CLAIMS	39		37			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						